

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003555

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

525

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

12 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3429 Dunnica Ave 18Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY
OR TOWN

St. Louis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

3429 Dunnica Ave 18

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ida

Middle

L.

Last

Bultman

4. DATE
OF DEATH

Month

Day

Year

1-10-1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-23-1896

9. AGE (last birthday)

65 Yrs

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

St. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Louis Fox

13b. MOTHER'S MAIDEN NAME

Ida Lattrace

14. NAME OF HUSBAND OR WIFE

Charles Bultman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles Bultman 3429 Dunnica Ave 18

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

acute myocardial infarction

Hypertensive art. scl. con. art. disease

420.1

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-1354, to 1-10-62 and last saw her alive on Dec 2 1961

Death occurred at 6:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Wayne D. Gorka M.D.

100 No Euclid

1-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-13-1962

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

5239 W. Florissant

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Fensler Und. Co 7420 Michigan Ave

25. DATE RECD. BY LOCAL REG.

JAN 12 1962

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1-2006

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.